



## Requisition

### EEG



- Routine
- Sleep-Deprived (SD)
- Ambulatory EEG
- Longer Recording      60 Min      120 Min      180 Min
- Home EEG Recording\*      60 Min      120 Min      180 Min      Ambulatory

Brief Clinical Info.

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Medication.

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Ordering Physician and Billing No.:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please email this filled requisition to [ask-anything@@neuro-diagnostics.ca](mailto:ask-anything@@neuro-diagnostics.ca)**

Please indicate the preferred location for the test in the email. Click the link for the list of locations.

[Locations](#)

Click the following links to understand Preparation and information about tests.

[Ambulatory EEG](#)

[Routine and SD EEG](#)

\* Not OHIP covered, it has attached "convenience Fee"